

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darlington Amadasu
 PO Box 6263
 Cincinnati, OH 45206

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

MAR 04 2006

C. Date of Delivery

3/5/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

USPS - 45206

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes#138
DOTT 01-210

2. Article Number

(Transfer from service label)

7002 0860 0000 1408 8378

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540